

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Title:: DIGITAL IMAGING SYSTEM FOR AIRBORNE APPLICATIONS

Attorney Docket Number:: G0010/7000P1
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 8
Small Entity:: Yes
Petition Included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.A.
Status:: Full Capacity
Given Name:: James
Middle Name:: E.
Family Name:: Kain
City of Residence:: Shalimar
State or Province of Residence:: Florida
Country of Residence:: United States
Street of Mailing Address:: 2575 Cayenne Lane
City of Mailing Address:: Shalimar
State or Province of Mailing Address:: Florida

Postal or Zip Code of Mailing Address:: 32579
Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.A.
Status:: Full Capacity
Given Name:: William
Middle Name:: L.
Family Name:: Pevear
City of Residence:: Marblehead
State or Province of Residence:: Massachusetts
Country of Residence:: United States
Street of Mailing Address:: 53 Nanepashemet Street
City of Mailing Address:: Marblehead
State or Province of Mailing Address:: Massachusetts
Postal or Zip Code of Mailing Address:: 01945

Correspondence Information

Correspondence Customer Number:: 021127
Phone Number:: (617) 367-4600
Fax Number:: (617) 367-4656
E-Mail Address:: pconrad@kjpat.com

Representative Information

Representative Customer Number::	021127
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
10/228,863	Non-Provisional of	60/315,799	08/29/01
This Application	Continuation-in-part of	10/228,863	08/27/02

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: Geovantage, Inc.

Street of Mailing Address:: P. O. Box 147
12 Pine Street

City of Mailing Address:: Swampscott

State or Province of Mailing Address:: Massachusetts

Country of Mailing Address:: United States

Postal or Zip Code of Mailing Address:: 01907